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**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

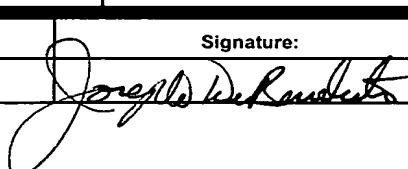
Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.  
See The American Inventors Protection Act of 1999 (AIPA).

|                      |               |
|----------------------|---------------|
| Application Number   | 09/868,243    |
| Filing Date*         | June 15, 2001 |
| First Named Inventor | Nils Carlin   |
| Group Art Unit       | 1645          |
| Examiner Name        | S. Devi       |
| Attorney Docket No.  | CARL3003/JDB  |

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:
  - a. The Amendment/Reply filed herewith
  - b. The Information Disclosure Statement (IDS) filed herewith.
  - c. The arguments in the Brief/Reply Brief filed on (date):
  - d. The \_\_\_ page(s) of Form PTO-1449 and copy of each listed document filed (date):
  - e. Other:
2. A \_\_\_\_\_ month Petition for Extension of Time is filed herewith.
3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.
4. A check in the amount of \$ 2212.00 submitted herewith.
5. This Request is transmitted by facsimile to number (703) \_\_\_\_\_.
6. Other:

| THE RCE FEE IS CALCULATED AS FOLLOWS:                   |                           |   |    |  |  | Basic Fee:                               | \$770.00  |
|---|---------------------------|---|----|--|--|--|-----------|
| Total Claims:   | 84                        | - | 20 | (highest number previously paid for) = | 64.00  | X \$18 =                                 | 1152.00   |
| Independent Claims:                                     | 1                         | - | 3  | (highest number previously paid for) = | 0.00   | X \$86 =                                 |           |
| Correspondence Address:<br><br>23364<br>Customer Number |                           |   |    |  |  | Multiple Dependent Claim (add \$290.00): | 290.00    |
|   |                           |   |    |  |  | Subtotal:                                | \$2212.00 |
|   |                           |   |    |  |  | 50% Reduction If Small Entity Status:    |           |
| Phone: 703-683-0500      Fax: 703-683-1080              |                           |   |    |  |  | Total:                                   | \$2212.00 |
| Date:   | Name: Joseph DeBenedictis |   |    |  | Signature:   | Reg. No.                                 |           |
| October 23, 2003  |                           |   |    |  |  | 28,502                                   |           |

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(30Oct03)

10/27/2003 AWONDAF1 00000021 09868243

|            |            |
|------------|------------|
| 03 FC:1801 | 770.00 OP  |
| 04 FC:1202 | 1152.00 OP |
| 05 FC:1203 | 290.00 OP  |